										Application or Docket Number.				
PATENT APPLICATION FEE DETERMINATION RECOR										oc/sna do a				
Effective December 29, 1999 69/323437														
CLAIMS AS FILED - PART I (Column 1) (Column 2)										- GHILLA			THAN	
FK	)A	T	NUMBER FILED			NUMBER EXTRA			RATE	-CA3	OR-	RATE	ENTITY ,	
BASIC FEE										345.00	1_	MATE	630.00	
TOTAL CLAIMS			minus 20=			•				-	OR	****	030.00	
INDEPENDENT CLAIMS			/ minus 3 =						X\$ 6-	· · · ·	OR	X\$18=		
MULTIPLE DEPENDENT						·			X39=	<del></del>	OR	X78-		
MOCHINE DE ENDENI COMPRESENT									+130=		OR	+560=	/	
. 11	the difference	less than z		OTAL		OR	TOTAL	690-						
2		MENDE					OTHER							
2	as 705		mn 1)	Anthon Lines		Column 2) .	(Cotumn 3)	ř	MALL	ENTITY	OR	SMALL		
ENTA		AF	UNING			NULCEER REVIOUSLY	PRESENT EXTRA		RATE	TIONAL	l.	RATE	ADDI- TIONAL	
15	Total Control	AMEN	THEM		_	PAID FOR		<b>-</b>  -		FEE		50	FEE	
	Independent	-75	}	Mirus	-	$\frac{20}{20}$	-		X\$ 3=	1::	OЯ	70\$18=		
AB	FIRST PRESE	NTATIO	N'OF M		PENC				X39=	· ·	OR	. ×79=		
Н							لــــــــــــــــــــــــــــــــــــــ	٠	130-		OR	+260=		
	9-12-05 (Column 1) (Column 2) (Column 3)							<u>_</u>	TOYAL		OR	YOYAL		
_	9-10		mn 1)			olumn 2)	(Column 3)	AL.	UII. FEE			ADDIT. FEE		
8		REMAINING		1	HIGHEST NUMBER	NUMBER	PRESENT			ADDI			ADDI	
	15.5	AFT AMEN				EVIOUSLY PAID FOR	EXTRA	RATE	RATE	TIONAL		RATE	FEE	
AMENDMENT	Total	. 10	)	Minua	••	20	=	,	CS 9=		OR	X\$18=		
	Independent			Minus	•••	7	• /		K39=	<del> </del>	OR	X78≥		
	FIRST PRESE	NTATIO	N OF MI	ULTIPLE DE	PEND	ENT CLAIM			400	1		•		
								ئا	130= Y67AL	<u> </u>	OR	+260=		
	0-3-0							ADI	IT. FEE		OR	ACOIT. FEE		
	& / :::::::::::::::::::::::::::::::::::	(Colum				olumn 2) Vortest	(Column 3)	<u>.                                    </u>	<u> </u>	Y	1			
A C		REMA AFT	ER		PA	NUMBER LEVIOUSLY	PRESENT EXTRA	۱,	ATE	ADDI- TIONAL		RATE	ADDI: TIONAL	
3	Total	AMEND	MENT	Maria		AID FOR	, .	-		FEE			FEE	
AMENDMEN	Independent	. 10		Minus Minus	*	10	•/ •/	1,	C\$ 9= ·		OR	X\$18=		
AB	FIRST PRESE	- 1	OF MI			ENT CLAIM	4	1	(39=		OR	X78=		
Ë											OR	+260=		
	"If the "Highest Mumber Previously Paid For" IN THIS SPACE is less than 20, enter "20."										OB	YOYAL		
-	il the "Highest Num The "Highest Num	mber Pres	doubly Pr	M FOR IN THE	SSP	CE la tesa tha	n 3 enter 3.º		att. FEE In the ex	propriete bo		ADDIT. FEEL Limn 1.		
OW	PTO-675			7-1-1		-1		Peterd a	and Tonde	ment Office, U	S DER	ARTHURNT OF	COMMERCE	